

**Santa Clara County Pilot Program
Employment Schedule Verification Form (01/01/18)**

Name of Employee _____ Employee ID #: _____
 Name of Business/Company _____ Business/Company Phone # _____
 Business/Company Address _____ City/State/Zip: _____
 Name of Child(ren) _____
MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.
 Applicant Signature: _____ Date: _____

RETURN TO THE ATTENTION OF: _____ (669) 205-7960
 Agency Staff Name Agency Contact Number

SEND BY: Fax: (408) 842-0269 OR Scan & Email: lupe.vela@gilroyunified.org
 Agency Fax # Agency Email Address

TO BE COMPLETED OR PROVIDED BY EMPLOYER

Hire Date: _____ Job Title: _____
 Description of work: _____
 Usual Business Hours: _____
 Actual Worksite Location if different from the above address:
 Address: _____ City/State/Zip: _____ Phone #: _____

Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: *If SET schedule, please provide start & end time per day. (example: 8am-5pm)*

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: *If schedule is VARIABLE, please mark all possible days of work.*
 SUN MON TUES WED THUR FRI SAT

Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Salary Information:
Pay Rate: _____ per HOUR DAY WEEK MONTH
Pay Type: COMPANY CHECK PERSONAL CHECK CASH OTHER _____
Employer is withholding Taxes: YES NO
Pay Period: WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY
Will this employee get overtime? YES NO *If "yes," how often is the overtime? _____*

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

 EMPLOYER NAME AND TITLE EMPLOYER SIGNATURE

 EMAIL CONTACT PHONE NUMBER DATE

STAFF USE ONLY (see Title 5, §18086)
Verification: Date: _____ Time: _____
 Name and Title of employer representative who confirmed above information _____
Comments/Notes: _____
Staff name: _____ **Staff signature:** _____